

CASIF—SHORT FORM—ADDITIONAL APPLIANCES

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Client: _____ Date: _____

Legend: Y = Yes, N = No, NA = Not Applicable, U = Unverifiable, NF = Not Feasible • Record Gas Leaks & Defects on Comments lines.

Heater Type: FAU = Forced Air Unit, WF = Wall Furnace, FF = Floor Furnace, DV = Direct Vent, FS = Free-Standing

Signatures required Below. • Attach to Short Form CASIF • Item numbering is coordinated with the Full-Length CASIF.

(G) GAS HOME HEATING SYSTEM Heater # ____ of ____		Pre-Wx Test	Post-Wx Test
G-3 Type*:	• Draft: <input type="checkbox"/> Natural <input type="checkbox"/> Induced • <input type="checkbox"/> Closed/DV	Location:	<input type="checkbox"/> See Post-R/R Form
G-9 CVA: Existing: _____, Req'd: _____		Is CVA OK? Y N NA	Added: _____
G-10–15 Visual— <u>Off</u> :		Defects? Y N NA U	Y N NA U
G-16–18 Visual— <u>On</u> :		Defects? Y N NA U	Y N NA U
G-20 <u>Open Door Tests</u> —CO & Draft: <input type="checkbox"/> Appliance Ambient CO—Flue Gas CO is NF <input type="checkbox"/> Can't use Draft Gauge, doing "Smoke Test" • Spillage Check:		Outdoor temperature: _____°F CO: _____, _____, _____, _____ ppm Draft: – _____ iwc/Pa P F NA Spillage present? Y N NA	Temp: _____°F Highest _____ ppm – _____ iwc/Pa P F Y N NA
G-21 <u>Closed Door Tests</u> —CO & Draft: <input type="checkbox"/> NA <input type="checkbox"/> Appliance Ambient CO—Flue Gas CO is NF <input type="checkbox"/> Can't use Draft Gauge, doing "Smoke Test" • Spillage Check:		CO: _____, _____, _____, _____ ppm Draft: – _____ iwc/Pa P F NA Spillage present? Y N NA	Highest _____ ppm – _____ iwc/Pa P F Y N NA
G-22 <input type="checkbox"/> FAU—Short Cycling		Defects? Y N NA U	Y N NA U
G-26 <i>If Replacement is proposed, must give reason:</i> <input type="checkbox"/> NOx Rod, <input type="checkbox"/> Other:			

*Type: FAU = Forced Air Unit, WF = Wall Furnace, FF = Floor Furnace, DV = Direct Vent, FS = Free-Standing

(I) GAS WATER HEATER: <input type="checkbox"/> Storage, <input type="checkbox"/> Tankless • Unit. # ____ of ____		Pre-Wx Test	Post-Wx Test
I-4 Combustion type: Draft: <input type="checkbox"/> Natural <input type="checkbox"/> Induced • <input type="checkbox"/> Closed/DV		Location:	<input type="checkbox"/> See Post-R/R Form
I-7 <u>Mobile Home</u> : Is floor sturdy & holding tank in a safe position?		Floor sturdy & safe? Y N NA	Y N NA
I-9 CVA: Existing: _____, Req'd: _____		Is CVA OK? Y N NA	Added: _____
I-10–11 Visual— <u>Off</u> :		Defects? Y N NA U	Y N NA U
I-12–13 Visual— <u>On</u> :		Defects? Y N NA U	Y N NA U
I-15 <u>Open Door Tests</u> —CO & Draft: <input type="checkbox"/> Appliance Ambient CO—Flue Gas CO is NF <input type="checkbox"/> Can't use Draft Gauge, doing "Smoke Test" • Spillage Check:		Outdoor temperature: _____°F Highest CO: _____ ppm Draft: – _____ iwc/Pa P F NA Spillage present? Y N NA	Temp: _____°F Highest _____ ppm – _____ iwc/Pa P F Y N NA
I-16 <u>Closed Door Tests</u> —CO & Draft: <input type="checkbox"/> NA <input type="checkbox"/> Appliance Ambient CO—Flue Gas CO is NF <input type="checkbox"/> Can't use Draft Gauge, doing "Smoke Test" • Spillage Check:		Highest CO: _____ ppm Draft: – _____ iwc/Pa P F NA Spillage present? Y N NA	Highest _____ ppm – _____ iwc/Pa P F Y N NA
I-20 <i>If Replacement is proposed, must give reason:</i> <input type="checkbox"/> Leaking, <input type="checkbox"/> Other:			

Comments: _____

PRE-TEST: Technician Signature: _____	Date: ____/____/____
POST-TEST: Technician Signature: _____	Date: ____/____/____